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Bib Data Sheet

CONFIRMATION NO. 1017

<b>SERIAL NUMBER</b> 09/992,639	<b>FILING DATE</b> 11/06/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> ZIM0048-01
<b>APPLICANTS</b> Dana Mears, Loudonville, NY; Kevin Greig, Leesburg, IN; Paul A. Zwirkoski, Brighton, MI;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/558,044 04/26/2000 <i>MBP ridky</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE MBP</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/12/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>MBP</i>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 36	<b>TOTAL CLAIMS</b> 14
Verified and Acknowledged Examiner's Signature <i>MBP</i> Initials		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 000832				
<b>TITLE</b> Method and apparatus for performing a minimally invasive total hip arthroplasty				
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	